

## **DESIGN TEAM MEETING SUMMARY**

K-12 HEALTH BENEFITS PROJECT THURSDAY, OCTOBER 18, 2011 HCA – EXEC CONF ROOM 3:00 PM – 4:00 PM

Purpose: To review and discuss Scenario 2 – Separate K-12 Consolidated Benefits System

## Participants included Design Team, Project Support Team

Michael Arnis	√ Mary Fliss	Jim Stevenson
√ Tim Barclay	√ Annette Meyer	√ Peter Summerville
√ Linda Blankenship	Sharon Michael	√ John Williams
Richard Campbell	Denise Rhiner	√ Michael Pickett
√ Andrew Cherullo	Jason Siems	

**Meeting Summary:** In this one-hour meeting we reviewed and discussed modeling efforts.

## State Law

The state law with respect to usage of health benefits money was reviewed. It cannot be used by the districts for other benefits.

## **Discussion**

- The team discussed leaving as much local control as possible in the K12 system.
- In talking with some of the districts; in 5 out of 6 there was central governance. In these districts eligibility is the only thing that is bargained
- We discussed he relative value of plans. In terms of using UMP as the highest relative value instead of one carrier's richest plan. Two thoughts/considerations 1) we heard from brokers and districts that a large number of employees are moving to plans closer to UMP (less rich) 2) Oregon's experience was that they started with a design with the richest plans with higher premiums and people migrated to them with higher utilization.
- A limitation of the richest plan is that employees are going to pay more. A significant number of employees pay very little now.
- Primary equity issue is coverage of family. We should focus on this.
- Discussion about options and plan for pre-retirees.

Feedback was provided for next modeling effort.

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